

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/507,140
	Filing Date	09/19/2005
	First Named Inventor	Dario Neri, Zurich
	Art Unit	1639
	Examiner Name	Shibuya, Mark Lance
	Attorney Docket Number	080058-005920US

I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> A Power of Attorney is submitted herewith.			
OR			
<input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number:		<div style="border: 1px solid black; padding: 2px; display: inline-block;">20350</div>	
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:			
<input checked="" type="checkbox"/> The address associated with Customer Number:		<div style="border: 1px solid black; padding: 2px; display: inline-block;">20350</div>	
OR			
<input type="checkbox"/> Firm or Individual Name			
Address			
City		State	Zip
Country			
Telephone		Email	
I am the:			
<input type="checkbox"/> Applicant/Inventor.			
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
Signature	<i>C. Schütt</i>		
Name	Dr. Corina Schütt Technology Manager ETH Zurich		
Date	11/30/07	Telephone +41 44 632 25 26	
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>			
<input type="checkbox"/> *Total of _____ forms are submitted.			